



Prescription Limit Exception Form - 8 Rx PA Process

To request that a member be exempted from the monthly medication limit, please complete this form by providing diagnoses for all chronic medications.

This request for exemption will be reviewed by a pharmacist to identify opportunities for regimen simplification utilizing nationally recognized clinical practice guidelines. Feedback will be given to the prescriber submitting this form.

Please note: Although a member is exempt from the limit, a Prior Authorization will be required for any medication not on the Molina Healthcare Drug Formulary.

Member Name (Last, First, Middle Initial) Date of Birth Member I.D.
Provider Information
Provider name (last, first) Provider Address:
Phone Number ( ) - Fax number ( ) -
Provider DEA#/NPI/State License Number:

Table with 4 columns: #, Drug Name, Direction, Diagnosis/Indication. Rows 1-14.